

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Revised January 2015



RECEIVED FOR FILING

APR 10 2023
TOWN CLERK'S OFFICE
EAST HAVEN, CONN.

Page 1 of 17

Alex Boller
TOWN CLERK

Do Not Mark in This Space For Official Use Only

COVER PAGE

1. NAME OF COMMITTEE

Carfora For Mayor

2. TREASURER NAME

First <i>Richard</i>	MI <i>A</i>	Last <i>DePalma</i>	Suffix
-------------------------	----------------	------------------------	--------

3. TREASURER ADDRESS

Street Address <i>10 Seaview Ave</i>	City <i>East Haven</i>	State <i>CT</i>	Zip Code <i>06512</i>
---	---------------------------	--------------------	--------------------------

4. ELECTION/REFERENDUM DATE

(mm/dd/yyyy)	5. OFFICE SOUGHT (Complete only if Candidate Committee) <i>Mayor</i>	6. DISTRICT NUMBER (if applicable)
--------------	---	---------------------------------------

7. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)

First <i>Joseph</i>	MI <i>A</i>	Last <i>Carfora</i>	Suffix
------------------------	----------------	------------------------	--------

8. TYPE OF REPORT (Check One Box)

<input type="checkbox"/> January 10 filing	<input type="checkbox"/> 7th day preceding primary	<input type="checkbox"/> 7th day preceding referendum	<input type="checkbox"/> Initial Contribution or Disbursement (<i>PACs ONLY</i>)
<input checked="" type="checkbox"/> April 10 filing	<input type="checkbox"/> 30 days following primary	<input type="checkbox"/> 45 days following referendum	<input type="checkbox"/> Amendment to
<input type="checkbox"/> July 10 filing	<input type="checkbox"/> 7th day preceding election	<input type="checkbox"/> Deficit	Type of Report: _____
<input type="checkbox"/> October 10 filing	<input type="checkbox"/> 12th day preceding election (<i>State Central Committees Only</i>)	<input type="checkbox"/> Termination	
<input type="checkbox"/> 24 Hour Independent Expenditure O Primary O Election	<input type="checkbox"/> 45 days following election not held in November		

9. PERIOD COVERED

Beginning Date

1-21-23

Ending Date

3-31-23

10. CERTIFICATION

I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.

R. DePalma

TREASURER OR DEPUTY TREASURER (SIGNATURE)

Richard DePalma

PRINT NAME OF SIGNER

4-10-23

DATE (mm/dd/yyyy)

A person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement
 CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
 Revised January 2015

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		1792.80
12. Balance on hand at the beginning of Reporting Period	1792.80	
13. Contributions Received from Individuals (Sections A and B)	17105.00	17105.00
14. Receipts from Other Committees (Sections C1 and C2)	0	0
15. Other Monetary Receipts (Sections D through K)	0	0
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	0	0
16b. <i>Per Public Act 11-48, effective January 1, 2012 Section L2. removed</i>		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	11400.00	11400.00
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	28505.00	28505.00
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	30297.80	30297.80
19. Expenses Paid by Committee (Section P)	358.30	358.30
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	29939.50	29939.50
21. In-Kind Donations not Considered Contributions Received (Section L4)	0	0
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	0	0
23. In-Kind Contributions Received (Section M)	0	0
24. Refundable Deposit to Telephone Company (Section N)	0	0
25. Loan Balance	0	
25a. + Loans Received (Section D)	0	0
25b. + Interest and Penalties on Loan	0	0
25c. - Payments on Loan	0	0
25d. Total Outstanding Loan Amount	0	
26. Campaign Expenses Paid by Candidate (Section Q)	0	0
27. Expenses Incurred on Committee Credit Card (Section R)	0	0
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	0	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	0	

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
<i>Carfora For Mayor</i>		4-10-83	
A. Total Contributions from Small Contributors Received this Period ONLY (See instructions for definition of Small Contribution)		\$ 17105.00	
B. Itemized Contributions from Individuals			
Last Name <i>James</i>		First <i>Benjamin</i> MI	
Residential Street Address <i>600 Foxon Rd</i>		City <i>East Haven - CT 06512</i>	
Principal Occupation <i>Retired</i>		Name of Employer <i>Retired</i>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution <i>20-</i>
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <i>3-31-73</i>	Aggregate Contributions <i>20-</i>
Last Name <i>Clough</i>		First <i>Dobeen</i> MI <i>E</i>	
Residential Street Address <i>32 Chidsey Ave</i>		City <i>East Haven</i>	
Principal Occupation <i>Accounting Manager</i>		Name of Employer <i>RC Bigelow Inc</i>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution <i>100-</i>
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <i>3-31-73</i>	Aggregate Contributions <i>100-</i>
Last Name		First	
Residential Street Address		City	
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received	Aggregate Contributions
SUBTOTAL Section B — This Page			<i>120.-</i>
TOTAL of additional Section B Pages			<i>17105</i>
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column 4 of Summary Page Totals)			<i>17105.00</i>

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Agfora for Mayor		4-10-23	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A \$ 17105.00	
B. Itemized Contributions from Individuals			
Last Name Smith		First George MI	
Residential Street Address 8 Maplevalle Rd.		City East Haven - CT Zip Code 06512	
Principal Occupation Manager		Name of Employer A&G Cleaning Agents	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative	<input checked="" type="checkbox"/> No
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 3-20-23	Aggregate Contributions 100-
Last Name Ballotto		First Jeff. MI	
Residential Street Address 14 Princess St.		City Madison CT	
Principal Occupation Project Manager		Name of Employer Robert Fees Inc.	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="checkbox"/> Yes If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> No
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 3-30-23	Aggregate Contributions 500-
Last Name Ucich		First Christine MI	
Residential Street Address 967 N High St.		City East Haven CT	
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input checked="" type="checkbox"/> No
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 3-31-23	Aggregate Contributions 50-
SUBTOTAL Section B — This Page			650
TOTAL of additional Section B Pages			16985
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)			17105.00

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT			
Caffra For May/0		4/10-23			
A. Total Contributions from Small Contributors Received this Period ONLY (See instructions for definition of Small Contributor)		\$ 17105.00			
B. Itemized Contributions from Individuals					
Last Name		First	MI		
Fontana		Stephen	MI		
Residential Street Address		City	Zip Code		
23 Angel Place		Dept Haven	CT 064173		
Principal Occupation		Name of Employer			
Deputy Director, Economic Devp		City of New Haven			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received	Aggregate Contributions		
		3-15-23	250.-		
Last Name		First	MI		
Pennington		Ann	MI		
Residential Street Address		City	State	Zip Code	
18 Joshua's Trail		East Haven	CT	06612	
Principal Occupation		Name of Employer			
Clinical Receptionist		Yale Univ.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received	Aggregate Contributions		
		3-20-23	100.-		
Last Name		First	MI		
Yaccino		David	MI		
Residential Street Address		City	State	Zip Code	
56 Robert Drive		East Haven	CT	06512	
Principal Occupation		Name of Employer			
Staff Scientist		Thom Fisher Scientific			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received	Aggregate Contributions		
		3-20-23	50.-		
SUBTOTAL Section B—This Page				400.-	
TOTAL of additional Section B Pages				16335	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				17105.00	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Carfora For Mayor		7-10-23	
A. Total Contributions from Small Contributors Received this Period ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A \$ 17105.00	
B. Itemized Contributions from Individuals			
Last Name		First	
Iovanne		William	
Residential Street Address		City	
61 Pasture Lane		Beverly - MA 06405	
Principal Occupation		Name of Employer	
Funeral Director		Iovanne Funeral Home Inc	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative	
Method of Contribution:		Date Received	Aggregate Contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		3-8-23	500.00
Last Name		First	
Thompson		Paul	
Residential Street Address		City	
849 Thompson St.		East Haven	
Principal Occupation		Name of Employer	
Blind Rehabilitation		Dept. of Veteran Affairs	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative	
Method of Contribution:		Date Received	Aggregate Contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		3-8-23	20.00
Last Name		First	
Thompson		Paul	
Residential Street Address		City	
843 Thompson St.		East Haven	
Principal Occupation		Name of Employer	
Realtor		SPP - Job Time	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative	
Method of Contribution:		Date Received	Aggregate Contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		3-9-23	50.00
SUBTOTAL Section B — This Page			
570.00			
TOTAL of additional Section B Pages			
15935			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)			
17105.00			

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Cofoca For Major		4-10-23	
A. Total Contributions from Small Contributors Received this Period ONLY (See instructions for definition of Small Contributor)		\$ 17105.00	
B. Itemized Contributions from Individuals			
Last Name		First	
Glassman		Kimberly MI	
Residential Street Address		City	
55 Sharon Dr.		East Haven - CT 06512	
Principal Occupation		Name of Employer	
Director		Foundation For Fair Contracting of CT	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative	
If yes, list Event #			
Method of Contribution:		Date Received	Aggregate Contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		1-31-23	50. -
Last Name		First	
Aldis		James MI	
Residential Street Address		City	
55 Sharon Dr.		East Haven CT 06512	
Principal Occupation		Name of Employer	
Office Director		CT Dept of Energy & Env. Protection	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative	
If yes, list Event #			
Method of Contribution:		Date Received	Aggregate Contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		1-31-23	50. -
Last Name		First	
Bawden		Joyce MI	
Residential Street Address		City	
76 Burgess street.		East Haven CT 06512	
Principal Occupation		Name of Employer	
Home maker		Home maker	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative	
If yes, list Event #			
Method of Contribution:		Date Received	Aggregate Contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		2-1-23	20. -
SUBTOTAL Section B — This Page			
120. -			
TOTAL of additional Section B Pages			
153.65			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)			
17105.00			

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT		
Cast for Mail		4-10-23		
A. Total Contributions from Small Contributors—Received this Period ONLY (See instructions for definition of Small Contributor)		\$ 17105.00		
B. Itemized Contributions from Individuals				
Last Name		First		
Pellegino		Mary Ann		
Residential Street Address		City		
10 Stonewall Lane		Woolbridge CT 06525		
Principal Occupation		Name of Employer		
Teacher		Green Resources Inc		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received		Aggregate Contributions
		1-27-23		20.-
Last Name		First		MI
Cannata		Mary		
Residential Street Address		City		State Zip Code
75 Frank St		East Haven		CT 06512
Principal Occupation		Name of Employer		
Retired		—		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received		Aggregate Contributions
		1-27-23		30.-
Last Name		First		MI
Romans		Diane		
Residential Street Address		City		State Zip Code
4 Ellen Pl		East Haven		CT 06512
Principal Occupation		Name of Employer		
Paralegal		ATGT		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received		Aggregate Contributions
		1-27-23		50.-
SUBTOTAL Section B — This Page				100.-
TOTAL of additional Section B Pages				15245
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				17105.00

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Capo Fag Fox Market		4-10-23	
A. Total Contributions from Small Contributors Received this Period ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A \$ 1705.00	
B. Itemized Contributions from Individuals			
Last Name Wobensmith		First John MI 5	
Residential Street Address 93 Casay Beach Ave Apt 44		City East Haven CT 06512	
Principal Occupation Retired		Name of Employer Retired	
Is contributor a lobbyist, spouse, <input type="checkbox"/> Yes or dependent child of a lobbyist? <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution 150
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 3-28-23	Aggregate Contributions 150. -
Last Name Martin		First Kogers MI	
Residential Street Address 15 Oak Grove Rd.		City East Haven CT 06512	
Principal Occupation Radiologic Tech.		Name of Employer Yale Univ.	
Is contributor a lobbyist, spouse, <input type="checkbox"/> Yes or dependent child of a lobbyist? <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution 20
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 1-23-23	Aggregate Contributions 0. -
Last Name Coughlin		First Lance MI	
Residential Street Address 12 Candy Hills Rd		City Hamden CT 06514	
Principal Occupation Attorney		Name of Employer Self employed	
Is contributor a lobbyist, spouse, <input type="checkbox"/> Yes or dependent child of a lobbyist? <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution 50
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 1-27-23	Aggregate Contributions 50. -
SUBTOTAL Section B — This Page			260. -
TOTAL of additional Section B Pages			15,145
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on line 13, Column 4 of Summary Page Form)			1705.00

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
<i>California For Mayor</i>		4-10-23	
A. Total Contributions from Small Contributors Received this Period ONLY (See instructions for definition of Small Contribution)		\$ 17105.00	
B. Itemized Contributions from Individuals			
Last Name <i>Dicolti</i> Residential Street Address <i>33 Harkness Dr.</i> Principal Occupation <i>Res. Service Coordinator</i>		First <i>Rachel</i> City <i>Madison</i> Name of Employer <i>Woodview Assoc.</i> State <i>WI</i> Zip Code <i>06443</i>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, list Event # <i>1819</i> Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <i>3-1-23</i>	Aggregate Contributions <i>500. -</i>
Last Name <i>Stacy</i> Residential Street Address <i>82 Forbes Pl.</i> Principal Occupation <i>Retired</i>		First <i>Susan</i> City <i>East Haven</i> Name of Employer <i>-</i> State <i>CT</i> Zip Code <i>06511</i>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, list Event # <i>2013</i> Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <i>3-21-23</i>	Aggregate Contributions <i>100. -</i>
Last Name <i>Testa</i> Residential Street Address <i>240 South Main St.</i> Principal Occupation <i>-</i>		First <i>Debra</i> City <i>Wallingford</i> Name of Employer <i>-</i> State <i>CT</i> Zip Code <i>06492</i>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, list Event # <i>181</i> Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <i>3-24-23</i>	Aggregate Contributions <i>1000.00</i>
SUBTOTAL Section B—This Page			<i>1600.00</i>
TOTAL of additional Section B Pages			<i>14925</i>
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column 4 of Summary Page Totals)			<i>17105.00</i>

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing/Repositor)		TYPE OF REPORT		
<i>Carica For Mayd</i>		4-10-23		
A. Total Contributions from Small Contributors Received this Period ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A \$ <i>17105.00</i>		
B. Itemized Contributions from Individuals				
Last Name <i>Lieber</i>		First <i>Mort</i> MI		
Residential Street Address <i>18 Hampton Rd</i>		City <i>East Haven</i>	State <i>CT</i> Zip Code <i>06512</i>	
Principal Occupation		Name of Employer		
Is contributor a lobbyist, spouse, dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution <i>25. -</i>
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative		
Method of Contribution: <i>B96</i>		Date Received <i>3-6-23</i>	Aggregate Contributions <i>25-</i>	
Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order				
Last Name <i>Palmer</i>		First <i>A. J.</i> MI		
Residential Street Address <i>27 Standard Ave</i>		City <i>Branford</i>	State <i>CT</i> Zip Code <i>06405</i>	
Principal Occupation		Name of Employer		
Is contributor a lobbyist, spouse, dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution <i>500. -</i>
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative		
Method of Contribution: <i>022323A</i>		Date Received <i>2-23-23</i>	Aggregate Contributions <i>500. -</i>	
Last Name <i>Boggs</i>		First <i>Michael</i> MI		
Residential Street Address <i>312 Thompson Ave</i>		City <i>East Haven</i>	State <i>CT</i> Zip Code <i>06512</i>	
Principal Occupation <i>Supervisor</i>		Name of Employer <i>Sims MM</i>		
Is contributor a lobbyist, spouse, dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution <i>1000. -</i>
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative		
Method of Contribution: <i>118</i>		Date Received <i>2-26-23</i>	Aggregate Contributions <i>1000. -</i>	
Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order				
SUBTOTAL Section B — This Page <i>1525.00</i>				
TOTAL of additional Section B Pages <i>13325</i>				
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				<i>17105.00</i>

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with City/County)		DATE OF REPORT		
<i>Calgary Fox Mayor</i>		7-10-93		
A. Total Contributions from Small Contributors Received this Period ONLY (See Instructions for definition of Small Contributor)		SUBTOTAL SECTION A \$ <i>17105.00</i>		
B. Itemized Contributions from Individuals				
Last Name <i>Estante</i>		First <i>Steven</i> MI		
Residential Street Address <i>115 Harbor St.</i>		City <i>Banford</i> State <i>OT</i> Zip Code <i>06405</i>		
Principal Occupation <i>Attorney</i>		Name of Employer <i>Lynch Tawb - Teele + Estante</i>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution <i>250</i>
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <i>02383A</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution: <i>#5800</i> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <i>7-23-93</i> Aggregate Contributions <i>250-</i>		
Last Name <i>LesShane</i>		First <i>Patricia</i> MI		
Residential Street Address <i>1090 Prospect Ave</i>		City <i>Hartford</i> State <i>OT</i> Zip Code <i>06107</i>		
Principal Occupation <i>Lobbyist</i>		Name of Employer <i>-</i>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution <i>100-</i>
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # <i>02283</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution: <i>#02283</i> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <i>7-22-93</i> Aggregate Contributions <i>100-</i>		
Last Name <i>Dendoras</i>		First <i>Zachary</i> MI		
Residential Street Address <i>125 Hatchiss Grove Rd.</i>		City <i>Banford</i> State <i>OT</i> Zip Code <i>06405</i>		
Principal Occupation		Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution <i>100-</i>
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # <i>132</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution: <i>132</i> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <i>7-21-93</i> Aggregate Contributions <i>100-</i>		
SUBTOTAL Section B - This Page				<i>450.00</i>
TOTAL of additional Section B Pages				<i>11800</i>
TOTAL of ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter on line 13, Column A of Summary Page Totals)				<i>17105.00</i>

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with the Reporting Office)		TYPE OF REPORT	
<i>Carroll For Mayor</i>		4-10-B Filing	
TOTAL Contributions from Small Contributors—Received this Period ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A \$ <i>17105.00</i>	
B. Itemized Contributions from Individuals			
Name <i>Ryan</i>		First <i>William</i>	MI <i>A</i>
dential Street Address <i>60 Meadow Brook Rd</i>		City <i>North Haven</i>	State <i>CT</i> Zip Code <i>06473</i>
cipal Occupation <i>Attorney</i>		Name of Employer <i>Ryan & Ryan LLC</i>	
Contributor a lobbyist, spouse, dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
his contribution associated with an item reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <i>4-10-B</i>		Date Received <i>2-23-23</i>	Aggregate Contributions <i>500</i>
Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			
Name <i>Dale</i>		First <i>Dominic</i>	MI <i>C</i>
dential Street Address <i>1622 Stockbridge Court</i>		City <i>Cheshire</i>	State <i>CT</i> Zip Code <i>06410</i>
cipal Occupation <i>Golf</i>		Name of Employer <i>Self Project Security LLC</i>	
Contributor a lobbyist, spouse, dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
his contribution associated with an item reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <i>4-10-B</i>		Date Received <i>2-23-23</i>	Aggregate Contributions <i>1000</i>
Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			
Name <i>Onofrio</i>		First <i>Gene</i>	MI
dential Street Address <i>1570 Inventor's Ct</i>		City <i>West Meyers</i>	State <i>FL</i> Zip Code <i>33991</i>
cipal Occupation <i>—</i>		Name of Employer <i>—</i>	
Contributor a lobbyist, spouse, dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
his contribution associated with an item reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <i>4-10-B</i>		Date Received <i>2-23-23</i>	Aggregate Contributions <i>250</i>
Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			
SUBTOTAL Section B — This Page <i>1750</i>			
TOTAL of additional Section B Pages <i>11350</i>			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) <i>17105.00</i>			

I. MONETARY RECEIPTS (Sections A—K)

NAME OF CONTRIBUTOR (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Carfora Fox Mayor		110-23 Filing	
A. Total Contributions from Small Contributors Received this Period ONLY (See Instructions for definition of Small Contributor)		SUBTOTAL SECTION A \$ 17105.00	
B. Itemized Contributions from Individuals			
Last Name Baker Lisa		First Lisa MI	
Residential Street Address 35 Red Bluff Rd		City East Haven State CT Zip Code 06512	
Principal Occupation Town Clerk		Name of Employer Town of C.H.	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution 250
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 0223BA		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative	<input checked="" type="checkbox"/> No
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 2/23/23	Aggregate Contributions 250
Last Name Keeley SC		First James MI C	
Residential Street Address 34 Country Club Rd		City Wards Bx CT Zip Code 06708	
Principal Occupation Finance Director		Name of Employer Town of East Haven	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution 250
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 0223BA		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative	<input checked="" type="checkbox"/> No
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 2/23/23	Aggregate Contributions 250
Last Name Ryan ST		First David MI A	
Residential Street Address 13 -Deer Run Ridge		City Woodbridge CT Zip Code 06525	
Principal Occupation Attorney		Name of Employer Ryan & Ryan LLC	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution 500
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 0223BA		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative	<input checked="" type="checkbox"/> No
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 2/23/23	Aggregate Contributions 500
SUBTOTAL Section B — This Page			1000
TOTAL of additional Section B Pages			9600.00
TOTAL of ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter on Line 13, Column 4 of Summary Page Total)			17105.00

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with the Repository)		FILING REPORT	
<i>Confidential Mark</i>		4-10-23 Filing	
A. Total Contributions from Small Contributors Received this Period ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A \$ <i>17105.00</i>	
B. Itemized Contributions from Individuals			
Last Name <i>Donofrio</i>		First <i>Jeffrey</i>	MI <i>M</i>
Residential Street Address <i>4 Dickey Farm Rd.</i>		City <i>Town Hill</i>	State <i>CT</i> Zip Code <i>06611</i>
Principal Occupation <i>Attorney</i>		Name of Employer <i>Civil & Donofrio LLP</i>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative	
If yes, list Event # <i>023234</i>		Method of Contribution: <i>Check</i> Date Received <i>2-15-23</i> Aggregate Contributions <i>1,000</i>	
Last Name <i>Arisevolo Peter J Jr.</i>		First <i>Peter J</i>	MI <i>J</i>
Residential Street Address <i>54 Fieldstone Court</i>		City <i>North Haven</i>	State <i>CT</i> Zip Code <i>06473</i>
Principal Occupation <i>CT State Marshall</i>		Name of Employer <i>Self-st. of CT</i>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative	
If yes, list Event # <i>023234</i>		Method of Contribution: <i>Check</i> Date Received <i>2-23-23</i> Aggregate Contributions <i>250</i>	
Last Name <i>Gettinger</i>		First <i>Ben</i>	MI
Residential Street Address <i>93 Thompson St.</i>		City <i>Milford</i>	State <i>CT</i> Zip Code <i>06801</i>
Principal Occupation <i>Milford Probate Judge</i>		Name of Employer <i>CT</i>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative	
If yes, list Event # <i>023234</i>		Method of Contribution: <i>Check</i> Date Received <i>2-23-23</i> Aggregate Contributions <i>250</i>	
SUBTOTAL Section B—This Page <i>1500</i>			
TOTAL of additional Section B Pages <i>8600</i>			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on lines 1, Column A of Summary Page Totals) <i>17105.00</i>			

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTER (Provide Complete name as Registered with the Department)		TYPE OF REPORTER	
Costello Fox Mayo		410-23 Filing	
A. TOTAL Contributions from Small Contributors Received this Period ONLY (See instructions for definition of Small Contributor)		\$ 17105.00	
SUBTOTAL SECTION A			
B. Itemized Contributions from Individuals			
Last Name		First	
Stafstrom		John	
Residential Street Address		City	
105 Battery Park Dr.		Bridgeport	
Principal Occupation		Name of Employer	
Attorney		Pulman & Comley LLC	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative	
Method of Contribution: <input checked="" type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received	Aggregate Contributions
		2-9-93	500.00
Last Name		First	
Pheifer		Marc	
Residential Street Address		City	
19 Cedar St.		Lilybank	
Principal Occupation		Name of Employer	
Attorney		Pulman & Comley LLC	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative	
Method of Contribution: <input checked="" type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received	Aggregate Contributions
		2-7-93	500.00
Last Name		First	
Luzzi		Michael	
Residential Street Address		City	
3 Whalers PT		East Haven	
Principal Occupation		Name of Employer	
Attorney		Law Office of Michael Luzzi LLC	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative	
Method of Contribution: <input checked="" type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received	Aggregate Contributions
		2/17/93	1000.00
SUBTOTAL Section B—This Page			2000.00
TOTAL of additional Section B Pages			7100.00
TOTAL of ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on line 13, Column 4 of Summary Page Totals)			17105.00

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMUNICATOR (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Caffoon Fox Mata		440-73 Filmy	
A. Total Contributions from Small Contributions Received this Period ONLY (See Instructions for definition of Small Contribution)		SUBTOTAL SECTION A \$ 17105.00	
B. Itemized Contributions from Individuals			
Last Name Sheabin		First James	MI CT
Residential Street Address 81 Taverton Hill Rd.		City New Haven	State Zip Code CT 06470
Principal Occupation Attorney		Name of Employer Pilkington & Crowley LLC	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution #2301 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 2-7-23	Aggregate Contributions 500.
Last Name Ppedo		First Christopher	MI CT
Residential Street Address 17 Dargatzuk St.		City East Haven	State Zip Code CT 06512
Principal Occupation		Name of Employer Rights of Columbus	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution #891 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 2-15-23	Aggregate Contributions 150.-
Last Name Russo		First Stephen	MI CT
Residential Street Address 99 Quince Rd.		City Branford	State Zip Code CT 06405
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 022323A		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution #6671 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 2-20-23	Aggregate Contributions 1000.-
SUBTOTAL Section B—This Page 1650.00			
TOTAL of additional Section B Pages 5100.00			
TOTAL of ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on line 13, Column A of Summary Page Totals) 17105.00			

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTER (Print Complete Name as Registered with State/Local Reporting)		PAYMENT OF RECEIPT		
<i>Castro for Mayor</i>		<i>4-10-23-Filing</i>		
A. Total Contributions from Small Contributors Received this Period ONLY (See instructions for definition of Small Contribution)		SUBTOTAL SECTION A \$ <i>17105.00</i>		
B. Itemized Contributions from Individuals				
Last Name <i>Cast</i>		First <i>Charles</i> MI <i>5</i>		
Residential Street Address <i>25 Columbus Ave</i>		City <i>East Haven</i> CT Zip Code <i>06512</i>		
Principal Occupation <i>Supt of Public Works</i>		Name of Employer <i>Town of E.H.</i>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution <i>250.-</i>
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution: <i>#1715</i> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <i>2-13-23</i> Aggregate Contributions <i>250.-</i>		
Last Name <i>DiCaprio Jr.</i>		First <i>Ralph</i> MI <i>5</i>		
Residential Street Address <i>11 Lee Rd.</i>		City <i>Rospect</i> CT Zip Code <i>06712</i>		
Principal Occupation <i>Supervisor</i>		Name of Employer <i>Affordable Waste System, LLC</i>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution <i>750.-</i>
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event #</i> <i>022323A</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution: <i>#1715</i> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <i>2-15-23</i> Aggregate Contributions <i>750.-</i>		
Last Name <i>Impagato</i>		First <i>Nick</i> MI		
Residential Street Address <i>445 Foxon Rd.</i>		City <i>North Branford</i> CT Zip Code <i>06471</i>		
Principal Occupation <i>-</i>		Name of Employer <i>-</i>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution <i>500.-</i>
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event #</i> <i>022323A</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution: <i>#1715</i> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <i>2-17-23</i> Aggregate Contributions <i>500</i>		
SUBTOTAL Section B - This Page				<i>1500.-</i>
TOTAL of additional Section B Pages				<i>3450.-</i>
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A-K) (Enter total on Line 13, Column A of Summary Page Totals)				<i>17105.00</i>

I. MONETARY RECEIPTS (Sections A—K)

NAME OF CONTRIBUTOR (Provide Complete Name as Registered with Filing Repository)		NAME OF REPORTER		
Cafca, Fox, Mayo		410-73-Filing		
A. Total Contributions from Small Contributors Received this Period ONLY (See Instructions for definition of Small Contributor)		SUBTOTAL SECTION A \$ 17105.00		
B. Itemized Contributions from Individuals				
Last Name STACY		First JACK MI		
Residential Street Address 52 Forbes Place		City EAST HAVEN State CT Zip Code 06512		
Principal Occupation Retired		Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 200.00
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution: # 1971 □ Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 2-10-73 Aggregate Contributions 200-		
Last Name 5 Pagacc		First Cynthia MI A		
Residential Street Address 42 Cologaine Rd		City EAST HAVEN State CT Zip Code 06512		
Principal Occupation —		Name of Employer —		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$ 700.00
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution: # 1510 □ Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 1-31-73 Aggregate Contributions 1000.00		
Last Name Vitale		First Ann MI		
Residential Street Address 18 Joshua Trail		City EAST HAVEN State CT Zip Code 06512		
Principal Occupation Secretary		Name of Employer Yale University		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 400.00
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution: # 1235 □ Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 2-14-73 Aggregate Contributions 400.00		
SUBTOTAL Section B — This Page				\$ 1130.00
TOTAL of additional Section B Pages				\$ 11950.00
TOTAL of ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter in Line 13, Column A of Summary Page Totals)				17105.00

I. MONETARY RECEIPTS (Sections A—K)

NAME OF CONTRIBUTOR (Provide complete name as registered with the Reporting Entity)		DATE OF REPORT		
Carfaga Ed Mayor		410-93 Filby		
A. Total Contributions from Small Contributors—Received this Period ONLY (See instructions for definition of Small Contribution)		\$ 17105.00		
B. Itemized Contributions from Individuals				
Last Name		First	MI	
Mison		Judy	E	
Residential Street Address		City	State Zip Code	
12 Hilton Ave		East Haven	CT 06512	
Principal Occupation		Name of Employer		
Realtor		Caldwell Banker Realty		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative		
Method of Contribution: #523		Date Received	Aggregate Contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		2-10-23	100 -	
Last Name		First	MI	
Gimetti		William		
Residential Street Address		City	State Zip Code	
36 Dodge Ave		East Haven	CT 06512	
Principal Occupation		Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative		
Method of Contribution: #320		Date Received	Aggregate Contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		2-11-23	250 -	
Last Name		First	MI	
Spagno		Cynthia	A	
Residential Street Address		City	State Zip Code	
42 Cacohoe Rd		East Haven	CT 06512	
Principal Occupation		Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative		
Method of Contribution: #153		Date Received	Aggregate Contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		2-6-23	300 -	
SUBTOTAL Section B—This Page				\$ 650.00
TOTAL of additional Section B Pages				0
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on line 13, Column 4 of Summary Page totals)				17105.00

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT
C1. Contributions from Other Committees					
Name of Committee			Name of Treasurer		
Address			Is this contribution associated with an <input type="checkbox"/> Yes <input type="checkbox"/> No event reported in Section L1? <i>If yes, list Event #</i> _____		Amount of Contribution
City	State	Zip Code	Date Received	Aggregate Contributions	
Name of Committee			Name of Treasurer		
Address			Is this contribution associated with an <input type="checkbox"/> Yes <input type="checkbox"/> No event reported in Section L1? <i>If yes, list Event #</i> _____		Amount of Contribution
City	State	Zip Code	Date Received	Aggregate Contributions	
Name of Committee			Name of Treasurer		
Address			Is this contribution associated with an <input type="checkbox"/> Yes <input type="checkbox"/> No event reported in Section L1? <i>If yes, list Event #</i> _____		Amount of Contribution
City	State	Zip Code	Date Received	Aggregate Contributions	
C2. Reimbursements or Surplus Distributions from other Committees					
Name of Committee			Name of Treasurer		
Address			City	State	Zip Code
Date Received	Expenditure # (if applicable)	Payment Type <input type="checkbox"/> Reimbursement for shared expense <input type="checkbox"/> Surplus Distribution			Amount of Receipt
Description					
Name of Committee			Name of Treasurer		
Address			City	State	Zip Code
Date Received	Expenditure # (if applicable)	Payment Type <input type="checkbox"/> Reimbursement for shared expense <input type="checkbox"/> Surplus Distribution			Amount of Receipt
Description					
SUBTOTAL Section C — This Page					
TOTAL of additional Section C Pages					
TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS (Sections C1 + C2) (Enter total on Line 14, Column A of Summary Page Totals)					

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>		TYPE OF REPORT		
D. Loans Received this Period				
Name of Lender		Source of Loan: <input type="checkbox"/> Bank <input type="checkbox"/> Candidate <input type="checkbox"/> Individual <input type="checkbox"/> Other Committee		Date of Receipt
Street Address	City	State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Cosigner/Guarantor <i>(if applicable)</i>				Amount Received
Street Address	City	State	Zip Code	
Name of Lender		Source of Loan: <input type="checkbox"/> Bank <input type="checkbox"/> Candidate <input type="checkbox"/> Individual <input type="checkbox"/> Other Committee		Date of Receipt
Street Address	City	State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Cosigner/Guarantor <i>(if applicable)</i>				Amount Received
Street Address	City	State	Zip Code	
Name of Lender		Source of Loan: <input type="checkbox"/> Bank <input type="checkbox"/> Candidate <input type="checkbox"/> Individual <input type="checkbox"/> Other Committee		Date of Receipt
Street Address	City	State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Cosigner/Guarantor <i>(if applicable)</i>				Amount Received
Street Address	City	State	Zip Code	
TOTAL SECTION D				
E. Receipts from Entities other than Individuals or Other Committees <i>(Referendum Committees ONLY)</i>				
Name of Entity				
Street Address		Date Received		Amount Received
City	State	Zip Code	Aggregate Contributions	
Name of Entity				
Street Address		Date Received		Amount Received
City	State	Zip Code	Aggregate Contributions	
Name of Entity				
Street Address		Date Received		Amount Received
City	State	Zip Code	Aggregate Contributions	
TOTAL SECTION E				

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>		TYPE OF REPORT
F. Amount Transferred from Affiliated Business Treasury <i>(Business Entity Committees ONLY)</i>		
Date of Receipt	Is this transaction associated with an event reported in Section L1? <input type="checkbox"/> Yes <i>If yes, list Event #</i> <input type="checkbox"/> No	Amount
Date of Receipt	Is this transaction associated with an event reported in Section L1? <input type="checkbox"/> Yes <i>If yes, list Event #</i> <input type="checkbox"/> No	Amount
Date of Receipt	Is this transaction associated with an event reported in Section L1? <input type="checkbox"/> Yes <i>If yes, list Event #</i> <input type="checkbox"/> No	Amount
Date of Receipt	Is this transaction associated with an event reported in Section L1? <input type="checkbox"/> Yes <i>If yes, list Event #</i> <input type="checkbox"/> No	Amount
TOTAL SECTION F		
G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury <i>(Organization Committees ONLY)</i>		
Date of Receipt	Date of Receipt	Date of Receipt
Amount	Amount	Amount
TOTAL SECTION G		
H. Personal Funds of the Candidate Received this Period <i>(Candidate Committees ONLY)</i>		
Date of Receipt	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Amount
Date of Receipt	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Amount
Date of Receipt	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Amount
Date of Receipt	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Amount
TOTAL SECTION H		
I. Anonymous Contributions		
<p>Per Public Act 11-48, Anonymous Contributions may no longer be deposited in <i>any</i> amount. If a committee receives an anonymous contribution, the campaign treasurer shall immediately remit the contribution to the State Elections Enforcement Commission for deposit in the General Fund.</p>		

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT		

J. Interest from Deposits in Authorized Accounts

Name of Institution	Date Received		Amount
Street Address	City	State	
Name of Institution	Date Received		Amount
Street Address	City	State	
TOTAL SECTION J			

K. Miscellaneous Monetary Receipts not Considered Contributions

Name	Date of Transaction		Amount Received	
Street Address	City	State		
Description			Amount Received	
Name	Date of Transaction			
Street Address	City	State	Amount Received	
Description				
Name	Date of Transaction		Amount Received	
Street Address	City	State		
Description			Amount Received	
Name	Date of Transaction			
Street Address	City	State		
Description			Amount Received	
Name	Date of Transaction			
Street Address	City	State		
Description			Amount Received	
TOTAL SECTION K				

SUMMARY OF OTHER MONETARY RECEIPTS (Sections D through K)

Total Loans Received this Period (Section D)		
Total Receipts from Entities other than Individuals or Other Committees (Section E)	+	
Total Amount Transferred from Affiliated Business Treasury (Section F)	+	
Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G)	+	
Total Amount of Personal Funds of the Candidate Received this Period (Section H)	+	
Total Amount of Interest from Deposits in Authorized Accounts (Section J)	+	
Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)	+	
Total of Other Monetary Receipts		
(Add Sections D through K) (Enter total on Line 15, Column A of Summary Page Totals)		

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
<i>Callega for Mayor</i>			<i>44-10-03 Filing</i>	
L1. Event Information				
Event # Date of Event	Letter	Description	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
022323	A	Fundraiser Buffet		
Location: Street Address	City		State	Zip Code
<i>Poco Tacos - 937 State St.</i>	<i>Dew Haven</i>		<i>CT</i>	<i>06511</i>
Subpart 1: (All Committees)				
Was this event hosted at a personal residence?			<input type="checkbox"/> Yes (If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.) <input checked="" type="checkbox"/> No	
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?			<input type="checkbox"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) <input checked="" type="checkbox"/> No	
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?			<input type="checkbox"/> Yes (If yes, enter Total Receipts here.) → \$ <input checked="" type="checkbox"/> No	
Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)				
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?			<input checked="" type="checkbox"/> Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.) <input type="checkbox"/> No	
Subpart 3: (Town Committees ONLY)				
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?			<input type="checkbox"/> Yes (If yes, enter Total Receipts here.) → \$ <input checked="" type="checkbox"/> No	
Event # Date of Event	Letter	Description	Was this a fundraising event? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Location: Street Address	City		State	Zip Code
Subpart 1: (All Committees)				
Was this event hosted at a personal residence?			<input type="checkbox"/> Yes (If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.) <input type="checkbox"/> No	
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?			<input type="checkbox"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) <input type="checkbox"/> No	
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?			<input type="checkbox"/> Yes (If yes, enter Total Receipts here.) → \$ <input type="checkbox"/> No	
Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)				
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?			<input type="checkbox"/> Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.) <input type="checkbox"/> No	
Subpart 3: (Town Committees ONLY)				
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?			<input type="checkbox"/> Yes (If yes, enter Total Receipts here.) → \$ <input type="checkbox"/> No	
SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts from Sale of Donated Items — This Page				
SUBTOTAL Section L1—Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases — This Page				
TOTAL of additional Section L1 Pages				
TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES (Enter total on Line 16a, Column A of Summary Page Totals)				

II. EVENT ACTIVITY (Sections L1—L5)

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. *Section L2. removed*

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT		
<i>Delta Fair Board</i>		<i>4-10-23Fin</i>		
L3. Purchases of Advertising in a Program Book or on a Sign				
Name of Purchaser			Purchase Made By:	
<i>Delta Com. Corp</i>			<input checked="" type="checkbox"/> Business Entity	<input type="checkbox"/> Other
			<input type="checkbox"/> Individual/Sole Proprietorship	
Street Address		City	State	Zip Code
<i>11 Old Board St.</i>		<i>East Haven</i>	<i>CT</i>	<i>06312</i>
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
<i>3-14-23</i>	<i>022323A</i>		<i>850</i>	<i>—</i>
Name of Purchaser			Purchase Made By:	
<i>East Haven Funeral Home Inc</i>			<input checked="" type="checkbox"/> Business Entity	<input type="checkbox"/> Other
			<input type="checkbox"/> Individual/Sole Proprietorship	
Street Address		City	State	Zip Code
<i>425 Main St.</i>		<i>East Haven</i>	<i>CT</i>	<i>06312</i>
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
<i>3-31-23</i>	<i>022323A</i>		<i>250</i>	<i>—</i>
Name of Purchaser			Purchase Made By:	
			<input type="checkbox"/> Business Entity	<input type="checkbox"/> Other
			<input type="checkbox"/> Individual/Sole Proprietorship	
Street Address		City	State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
Name of Purchaser			Purchase Made By:	
			<input type="checkbox"/> Business Entity	<input type="checkbox"/> Other
			<input type="checkbox"/> Individual/Sole Proprietorship	
Street Address		City	State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page				<i>500</i>
SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page				<i>—</i>
TOTAL of additional Section L3 Pages				<i>11400</i>
TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN (Enter total on Line 16c, Column A of Summary Page Totals)				<i>11400.00</i>

II. EVENT ACTIVITY (Sections L1—L5)

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. *Section L2, removed*

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT		
L3. Purchases of Advertising in a Program Book or on a Sign				
Name of Purchaser		<input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship		
Street Address		City	State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
2-25-23	022323A	-	250. -	-
Name of Purchaser		<input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship		
Street Address		City	State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
2-23-23	022323A	-	250-	-
Name of Purchaser		<input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship		
Street Address		City	State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
2-23-23	022323A	-	250-	-
Name of Purchaser		<input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship		
Street Address		City	State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
2-25-23	022323A	-	250-	-
Name of Purchaser		<input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship		
Street Address		City	State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
3-2-23	022323A	-	250-	-
SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page				
SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page				
TOTAL of additional Section L3 Pages				
TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN (Enter total on Line 16c, Column A of Summary Page Totals)				
1250. -				
-				
10900				
11400. 00				

II. EVENT ACTIVITY (Sections L1—L5)

Page 9 of 17

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. *Section L2. removed*

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT		
<i>Chafca Fox Mayor</i>		4-10-23 Filmy		
L3. Purchases of Advertising in a Program Book or on a Sign				
Name of Purchaser		Purchase Made By:		
<i>Beach side Restaurant, LLC</i>		<input checked="" type="checkbox"/> Business Entity	<input type="checkbox"/> Other	
Street Address		City	State Zip Code	
<i>388 Orange St.</i>		<i>New Haven</i>	<i>CT 06511</i>	
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	
<i>2-21-23</i>	<i>02 23 23 A</i>	<i>—</i>	<i>250.00</i>	
Name of Purchaser		Purchase Made By:		
<i>Fasano, Ippolito, ke & Florentine</i>		<input checked="" type="checkbox"/> Business Entity	<input type="checkbox"/> Other	
Street Address		City	State Zip Code	
<i>388 Orange St.</i>		<i>New Haven</i>	<i>CT 06511</i>	
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	
<i>2-21-23</i>	<i>02 23 23 A</i>	<i>—</i>	<i>250.00</i>	
Name of Purchaser		Purchase Made By:		
<i>Silver sands Beach & Tennis Club LLC</i>		<input checked="" type="checkbox"/> Business Entity	<input type="checkbox"/> Other	
Street Address		City	State Zip Code	
<i>388 Orange St.</i>		<i>New Haven</i>	<i>CT 06511</i>	
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	
<i>2-21-23</i>	<i>02 23 23 A</i>	<i>—</i>	<i>250.00</i>	
Name of Purchaser		Purchase Made By:		
<i>JFA Management LLC</i>		<input checked="" type="checkbox"/> Business Entity	<input type="checkbox"/> Other	
Street Address		City	State Zip Code	
<i>140 North Bedford Rd</i>		<i>Branford</i>	<i>CT 06405</i>	
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	
<i>2-23-23</i>	<i>02 23 23 A</i>	<i>—</i>	<i>250.00</i>	
Name of Purchaser		Purchase Made By:		
<i>F Vigliotti Construction Company LLC</i>		<input checked="" type="checkbox"/> Business Entity	<input type="checkbox"/> Other	
Street Address		City	State Zip Code	
<i>140 North Bedford Rd</i>		<i>Branford</i>	<i>CT 06405</i>	
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	
<i>2-23-23</i>	<i>02 23 23 A</i>	<i>—</i>	<i>250.00</i>	
SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page				<i>1250.00</i>
SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page				
TOTAL of additional Section L3 Pages				<i>9650</i>
TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN (Enter total on Line 16c, Column A of Summary Page Totals)				<i>11406.00</i>

II. EVENT ACTIVITY (Sections L1—L5)

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. *Section L2, removed*

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Catalooa for Mayor			4-10-23 Filing	
L3. Purchases of Advertising in a Program Book or on a Sign				
Name of Purchaser			<input checked="" type="checkbox"/> Purchase Made By: <input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship	
Street Address			City	State Zip Code
900 Chapel St. Suite 201		New Haven	CT	06510
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
2-17-23	022383A	—	250. —	—
Name of Purchaser			<input checked="" type="checkbox"/> Purchase Made By: <input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship	
Street Address			City	State Zip Code
P.O. Box 120688		East Haven	CT	06512
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
2-21-23	022383A	—	250. —	—
Name of Purchaser			<input checked="" type="checkbox"/> Purchase Made By: <input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship	
Street Address			City	State Zip Code
P.O. Box 120688		East Haven	CT	06512
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
2-21-23	022383A	—	250. —	—
Name of Purchaser			<input checked="" type="checkbox"/> Purchase Made By: <input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship	
Street Address			City	State Zip Code
388 Orange Street		New Haven	CT	06512
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
2-21-23	022383A	—	250. —	—
Name of Purchaser			<input checked="" type="checkbox"/> Purchase Made By: <input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship	
Street Address			City	State Zip Code
P.O. Box 120688		East Haven	CT	06512
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
2-21-23	022383A	—	250. —	—
SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page				
1250. —				
SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page				
TOTAL of additional Section L3 Pages				
8400				
TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN (Enter total on Line 16c, Column A of Summary Page Totals)				
11400.00				

II. EVENT ACTIVITY (Sections L1—L5)

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. Section L2, removed

NAME OF COMMITTEE <small>(Provide Complete Name as Registered with Filing Repository)</small>		TYPE OF REPORT		
<i>Customs For Mayor</i>		4-10-23 Filing		
L3. Purchases of Advertising in a Program Book or on a Sign				
Name of Purchaser			Purchase Made By:	
<i>The Cleaning Company, Inc.</i>			<input checked="" type="checkbox"/> Business Entity	<input type="checkbox"/> Other
Street Address			State Zip Code	
<i>15 Baer Circle Unit A2</i> East Haven			CT	06512
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
2-17-23	022323A	-	150.-	-
Name of Purchaser			Purchase Made By:	
<i>New England Stone Tech. LLC</i>			<input checked="" type="checkbox"/> Business Entity	<input type="checkbox"/> Other
Street Address			State Zip Code	
<i>15 Baer Circle Unit A3</i> East Haven			CT	06512
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
2-17-23	022323A	-	150.-	-
Name of Purchaser			Purchase Made By:	
<i>Positive Electric. LLC</i>			<input checked="" type="checkbox"/> Business Entity	<input type="checkbox"/> Other
Street Address			State Zip Code	
<i>12 Highfield Lane</i> North Branford			CT	06471
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
2-17-23	022323A	-	100.-	-
Name of Purchaser			Purchase Made By:	
<i>Luzzi Law</i>			<input checked="" type="checkbox"/> Business Entity	<input type="checkbox"/> Other
Street Address			State Zip Code	
<i>1172 Townsend Ave</i> New Haven			CT	06512
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
2-17-23	022323A	-	250.-	-
Name of Purchaser			Purchase Made By:	
<i>Ben Mai Investigation / Ben Glasenc</i>			<input checked="" type="checkbox"/> Business Entity	<input type="checkbox"/> Other
Street Address			State Zip Code	
<i>81 Edon Dr.</i> East Haven			CT	06512
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
2-17-23	022323A	-	850.-	-
SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page				900
SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page				
TOTAL of additional Section L3 Pages				7150
TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN (Enter total on Line 16c, Column A of Summary Page Totals)				11400.00

II. EVENT ACTIVITY (Sections L1—L5)

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. Section L2, removed

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Caffrey for Mayor		410-23 Filing.	
L3. Purchases of Advertising in a Program Book or on a Sign			
Name of Purchaser		Purchase Made By	
Richard Antonacci/County Transfer LLC		<input type="checkbox"/> Business Entity	<input type="checkbox"/> Other
Street Address		State Zip Code	
530 South Cherry St. Wallingford		CT	06492
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase
2-14-23	022323A	-	250.-
Name of Purchaser		Amount of Sign Purchase	
Miller's Fuel Oil Inc.		-	
Street Address		Purchase Made By	
15 Bear Haven Dr.		<input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other	
City		<input type="checkbox"/> Individual/Sole Proprietorship	
East Haven		CT	06513
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase
2-16-23	022323A	-	250.-
Name of Purchaser		Amount of Sign Purchase	
Krauszer's 636 CT Foxon		<input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other	
Street Address		<input type="checkbox"/> Individual/Sole Proprietorship	
520 Foxon Rd.		State Zip Code	
City		CT	06513
East Haven		-	
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase
2-16-23	022323A	-	250.-
Name of Purchaser		Amount of Sign Purchase	
Pullman + Comley LLC		<input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other	
Street Address		<input type="checkbox"/> Individual/Sole Proprietorship	
850 Main Stort		State Zip Code	
City		CT	06601
Bridgeport		-	
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase
2-16-23	022323A	-	250.-
Name of Purchaser		Amount of Sign Purchase	
A. Anastasio & Sons Trucking Co. Inc		<input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other	
Street Address		<input type="checkbox"/> Individual/Sole Proprietorship	
80 Middle Town Ave		State Zip Code	
City		CT	06513
New Haven		-	
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase
2-21-23	022323A	-	250.-
SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page			
1250.00			
SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page			
-			
TOTAL of additional Section L3 Pages			
6250.00			
TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN (Enter total on Line 16c, Column A of Summary Page Totals)			
11400.00			

II. EVENT ACTIVITY (Sections L1—L5)

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. Section L2. removed

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
<i>Cast-Ica Fox Mayor</i>			<i>4/10/23 Filing</i>	
L3. Purchases of Advertising in a Program Book or on a Sign				
Name of Purchaser		Purchase Made By:		
<i>Dominic Potek - Pro-Tek Security</i>		<input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship		
Street Address	City	State	Zip Code	
<i>110 Washington Ave</i>	<i>North Haven</i>	<i>CT</i>	<i>06473</i>	
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
<i>2-15-23</i>	<i>022323A</i>	<i>-</i>	<i>250. -</i>	<i>-</i>
Name of Purchaser		Purchase Made By:		
<i>Benders / Jan & David</i>		<input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship		
Street Address	City	State	Zip Code	
<i>560 Grand Ave</i>	<i>New Haven</i>	<i>CT</i>	<i>06511</i>	
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
<i>2-15-23</i>	<i>022323A</i>	<i>-</i>	<i>250. -</i>	<i>-</i>
Name of Purchaser		Purchase Made By:		
<i>Quality Mechanical Corporation</i>		<input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship		
Street Address	City	State	Zip Code	
<i>831 Silver Sands Rd</i>	<i>East Haven</i>	<i>CT</i>	<i>06512</i>	
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
<i>2-20-23</i>	<i>022323A</i>	<i>-</i>	<i>250. -</i>	<i>-</i>
Name of Purchaser		Purchase Made By:		
<i>Miller Casting</i>		<input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship		
Street Address	City	State	Zip Code	
<i>15 Branhaven Dr.</i>	<i>East Haven</i>	<i>CT</i>	<i>06512</i>	
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
<i>2-20-23</i>	<i>022323A</i>	<i>-</i>	<i>250. -</i>	<i>-</i>
Name of Purchaser		Purchase Made By:		
<i>All American LLC</i>		<input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual Sole Proprietorship		
Street Address	City	State	Zip Code	
<i>6 Cutters Lookout</i>	<i>East Haven</i>	<i>CT</i>	<i>06513</i>	
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
<i>2-15-23</i>	<i>022323A</i>	<i>-</i>	<i>250. -</i>	<i>-</i>
SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page				<i>1250. -</i>
SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page				<i>-</i>
TOTAL of additional Section L3 Pages				<i>5000. 00</i>
TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN (Enter total on Line 16c, Column A of Summary Page Totals)				<i>11400. 00</i>

II. EVENT ACTIVITY (Sections L1—L5)

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. *Section L2. removed*

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT		
<i>Castalia Fair Project</i>		<i>410-23 Filing</i>		
L3. Purchases of Advertising in a Program Book or on a Sign				
Name of Purchaser		Purchase Made By:		
<i>JTTT5 LLC, Tofello Tice</i>		<input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship		
Name of Address		City	State	Zip Code
<i>187 Saugatuck Pkwy</i>		<i>East Haven</i>	<i>CT</i>	<i>06512</i>
Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
<i>2-17-23</i>	<i>022323A</i>	<i>—</i>	<i>250.-</i>	<i>—</i>
Name of Purchaser		Purchase Made By:		
<i>First Response Seven Days Inc.</i>		<input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship		
Name of Address		City	State	Zip Code
<i>P.O. Box 120072</i>		<i>East Haven</i>	<i>CT</i>	<i>06512</i>
Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
<i>2-15-23</i>	<i>022323A</i>	<i>—</i>	<i>250.-</i>	<i>—</i>
Name of Purchaser		Purchase Made By:		
<i>A. American Floor Contractors</i>		<input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship		
Name of Address		City	State	Zip Code
<i>73 Mix Ave</i>		<i>West Haven</i>	<i>CT</i>	<i>06516</i>
Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
<i>2-15-23</i>	<i>022323A</i>	<i>—</i>	<i>250.-</i>	<i>—</i>
Name of Purchaser		Purchase Made By:		
<i>Good's Hardware Robert Katz</i>		<input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship		
Name of Address		City	State	Zip Code
<i>540 Main Street</i>		<i>East Haven</i>	<i>CT</i>	<i>06512</i>
Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
<i>1-01-23</i>	<i>022323A</i>	<i>—</i>	<i>250.-</i>	<i>—</i>
Name of Purchaser		Purchase Made By:		
<i>Total Plumbing + Heating Inc.</i>		<input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship		
Name of Address		City	State	Zip Code
<i>117 Old Haven Rd</i>		<i>East Haven</i>	<i>CT</i>	<i>06513</i>
Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
<i>2-15-23</i>	<i>022323A</i>	<i>—</i>	<i>250.-</i>	<i>—</i>
SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page				<i>1250.-</i>
SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page				<i>—</i>
TOTAL of additional Section L3 Pages				<i>3750.00</i>
TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN (Enter total on Line 16c, Column A of Summary Page Totals)				<i>11400.00</i>

II. EVENT ACTIVITY (Sections L1—L5)

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. Section L2. removed

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT		
Casper Fox Mayor		4-10-23 Filing		
L3. Purchases of Advertising in a Program Book or on a Sign				
Name of Purchaser		Purchase Made By		
East River Energy		<input checked="" type="checkbox"/> Business Entity	<input type="checkbox"/> Other	
Street Address		<input type="checkbox"/> Individual/Sole Proprietorship		
401 Sandview Rd		City	State Zip Code	
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	
2-10-23	022323A	-	250.-	
Name of Purchaser		Purchase Made By		
A. Lieto Construction Inc		<input checked="" type="checkbox"/> Business Entity	<input type="checkbox"/> Other	
Street Address		<input type="checkbox"/> Individual/Sole Proprietorship		
14 Shoreham Rd		City	State Zip Code	
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	
2-13-23	022323A	-	250.-	
Name of Purchaser		Purchase Made By		
Total Comfort Control		<input checked="" type="checkbox"/> Business Entity	<input type="checkbox"/> Other	
Street Address		<input type="checkbox"/> Individual/Sole Proprietorship		
401 Sandview Rd		City	State Zip Code	
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	
2-10-23	022323A	-	250.-	
Name of Purchaser		Purchase Made By		
Total Fence		<input checked="" type="checkbox"/> Business Entity	<input type="checkbox"/> Other	
Street Address		<input type="checkbox"/> Individual/Sole Proprietorship		
925 Ella Casser Blvd		City	State Zip Code	
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	
2-15-23	022323A	-	250.-	
Name of Purchaser		Purchase Made By		
Affordable Waste Systems LLC Ralph Drago		<input checked="" type="checkbox"/> Business Entity	<input type="checkbox"/> Other	
Street Address		<input type="checkbox"/> Individual/Sole Proprietorship		
662 Cole Ave		City	State Zip Code	
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	
2-15-23	022323A	-	250.-	
SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page				1250.00
SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page				-
TOTAL of additional Section L3 Pages				250.00
TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN (Enter total on Line 16c, Column A of Summary Page Totals)				11400.00

II. EVENT ACTIVITY (Sections L1—L5)

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. Section L2, removed

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT		
Cast-Off Fab Major		9-10-23 Filing		
L3. Purchases of Advertising in a Program Book or on a Sign				
Name of Purchaser			Purchase Made By:	
Mark Vivericos Dan Mal Construction			<input checked="" type="checkbox"/> Business Entity	<input type="checkbox"/> Other
Street Address			State	Zip Code
222 Elm Street Satel			CT	06473
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
2-16-23	#022323A	-	250.00	-
Name of Purchaser			Purchase Made By:	
Neil Sgulino			<input checked="" type="checkbox"/> Business Entity	<input type="checkbox"/> Other
Street Address			State	Zip Code
280 Foxon Road			CT	06512
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
2-21-23	022323A	-	250.00	-
Name of Purchaser			Purchase Made By:	
Cinnetti Energy LLC			<input checked="" type="checkbox"/> Business Entity	<input type="checkbox"/> Other
Street Address			State	Zip Code
58 Hemingway Ave			CT	06512
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
2-11-23	022323A	-	250.00	-
Name of Purchaser			Purchase Made By:	
Dad Real Estate LLC / Matt Lincoln			<input checked="" type="checkbox"/> Business Entity	<input type="checkbox"/> Other
Street Address			State	Zip Code
34 Tyler Street Satel			CT	06512
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
2-10-23	022323A	-	250.00	-
Name of Purchaser			Purchase Made By:	
Sand View Transportation			<input checked="" type="checkbox"/> Business Entity	<input type="checkbox"/> Other
Street Address			State	Zip Code
401 Sandview Rd			CT	06137
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
2-10-23	022323A	-	250.00	-
SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page				1250.00
SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page				-
TOTAL of additional Section L3 Pages				0
TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN (Enter total on Line 16c, Column A of Summary Page Totals)				11400.00

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>		TYPE OF REPORT	
L4. In-Kind Donations Not Considered Contributions			
Name of Donor			
Street Address		City	State Zip Code
Donation Given By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship	Description of Donation		
	Date Received	Event #	Aggregate Value for this Event
Name of Donor			
Street Address		City	State Zip Code
Donation Given By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship	Description of Donation		
	Date Received	Event #	Aggregate Value for this Event
Name of Donor			
Street Address		City	State Zip Code
Donation Given By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship	Description of Donation		
	Date Received	Event #	Aggregate Value for this Event
SUBTOTAL Section L4 — This Page			
TOTAL of additional Section L4 Pages			
TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS <i>(Enter total on Line 21, Column A of Summary Page Totals)</i>			

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>		TYPE OF REPORT	
L5. In-Kind Donations Not Considered Contributions Associated with a House Party			
Name of Host		Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Itemization in Addendum L5</i>	
Street Address	City	State	Zip Code
Description of Donation		Fair Market Value of Donation	
Event #	Aggregate Value of this Event— <i>all hosts</i>		
Name of Host		Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Itemization in Addendum L5</i>	
Street Address	City	State	Zip Code
Description of Donation		Fair Market Value of Donation	
Event #	Aggregate Value of this Event— <i>all hosts</i>		
Name of Host		Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Itemization in Addendum L5</i>	
Street Address	City	State	Zip Code
Description of Donation		Fair Market Value of Donation	
Event #	Aggregate Value of this Event— <i>all hosts</i>		
Name of Host		Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Itemization in Addendum L5</i>	
Street Address	City	State	Zip Code
Description of Donation		Fair Market Value of Donation	
Event #	Aggregate Value of this Event— <i>all hosts</i>		
SUBTOTAL Section L5 — This Page			
TOTAL of additional Section L5 Pages			
TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS ASSOCIATED WITH A HOUSE PARTY <i>(Enter total on Line 22, Column A of Summary Page Totals)</i>			

III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>		TYPE OF REPORT		
M. In-Kind Contributions				
Name				
Street Address		City	State Zip Code	
Type of contributor: <input type="checkbox"/> Committee <input type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution	
Is contributor a lobbyist, spouse, <input type="checkbox"/> Yes or dependent child of a lobbyist? <input type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Name				
Street Address		City	State Zip Code	
Type of contributor: <input type="checkbox"/> Committee <input type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution	
Is contributor a lobbyist, spouse, <input type="checkbox"/> Yes or dependent child of a lobbyist? <input type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Name				
Street Address		City	State Zip Code	
Type of contributor: <input type="checkbox"/> Committee <input type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution	
Is contributor a lobbyist, spouse, <input type="checkbox"/> Yes or dependent child of a lobbyist? <input type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is this contribution associated with an event reported listed in Section L1? <i>If yes, list Event #</i> _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input type="checkbox"/> No	
SUBTOTAL Section M — This Page				
TOTAL of additional Section M Pages				
TOTAL OF ALL IN-KIND CONTRIBUTIONS <i>(Enter total on Line 23, Column A of Summary Page Totals)</i>				
N. Refundable Deposit to Telephone Company				
Last Name of Individual		First	MI	Date Deposit Made
Residential Street Address		City	State	Zip Code
<i>Amount of Deposit</i>				
Name of Telephone Company				
Street Address		City	State	Zip Code
<i>Amount of Deposit</i>				
TOTAL SECTION N <i>(Enter total on Line 24, Column A of Summary Page Totals)</i>				

IV. EXPENDITURES (Sections P—T)

Page 13 of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
P. Expenses Paid by Committee			
Name of Payee <i>Apodot</i>		Date of Payment <i>3-31-23</i>	Method of Payment: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
Street Address <i>1920 McKinney Ave</i>	City <i>Dallas</i>	State <i>TX</i>	Zip Code <i>75201</i>
Purpose of Expenditure (by code) <i>BankFee's</i>	Description <i>Fees For Electronic Deposit</i>	Event #	Amount <i>86.90</i>
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Payee <i>PostTofino's Restaurant</i>	Date of Payment <i>3-14-23</i>	Method of Payment: <input type="checkbox"/> Check # <i>02363</i> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address <i>937 State St.</i>	City <i>New Haven</i>	State <i>CT</i>	Zip Code <i>06511</i>
Purpose of Expenditure (by code) <i>FAIR</i>	Description <i>Meet & Greet/ Buffet</i>	Event # <i>022323 A</i>	Amount <i>268.40</i>
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Payee <i>Key Bank</i>	Date of Payment <i>3-31-23</i>	Method of Payment: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address <i>P.O. Box 93885</i>	City <i>Cleveland</i>	State <i>OH</i>	Zip Code <i>44101-5885</i>
Purpose of Expenditure (by code) <i>BankFee</i>	Description <i>Bank Fee</i>	Event #	Amount <i>3.00</i>
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Payee	Date of Payment	Method of Payment:	
Street Address	City	State Zip Code	
Purpose of Expenditure (by code)	Description	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
SUBTOTAL Section P — This Page			
TOTAL of additional Section P Pages			
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)			

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>		TYPE OF REPORT	
Q. Campaign Expenses Paid by Candidate			
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>		Date of Payment	Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address	City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>		Date of Payment	Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address	City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>		Date of Payment	Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address	City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>		Date of Payment	Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address	City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>		Date of Payment	Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address	City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>		Date of Payment	Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address	City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount
SUBTOTAL Section Q — This Page			
TOTAL of additional Section Q Pages			
TOTAL OF ALL EXPENSES PAID BY CANDIDATE <i>(Enter total on Line 26, Column A of Summary Page Totals)</i>			

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>		TYPE OF REPORT	
R. Expenses Incurred on Committee Credit Card			
Name of Issuing Institution		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other:	
Name of Vendor, Person or Entity			Date of Transaction
Street Address		City	State Zip Code
Purpose of Expenditure (by code)	Description		Event #
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum R Required unless "None of the below" is checked)</i> <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Vendor, Person or Entity			Date of Transaction
Street Address		City	State Zip Code
Purpose of Expenditure (by code)	Description		Event #
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum R Required unless "None of the below" is checked)</i> <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Vendor, Person or Entity			Date of Transaction
Street Address		City	State Zip Code
Purpose of Expenditure (by code)	Description		Event #
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum R Required unless "None of the below" is checked)</i> <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
SUBTOTAL Section R — This Page			
TOTAL of additional Section R Pages			
TOTAL OF ALL EXPENSES INCURRED ON COMMITTEE CREDIT CARD <i>(Enter total on Line 27, Column A of Summary Page Totals)</i>			

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>		TYPE OF REPORT	
S. Expenses Incurred by Committee but Not Paid During this Period			
Name of Creditor			Date Incurred
Street Address		City	State Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount Incurred <i>(Estimate or Actual)</i>
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum S Required unless "None of the below" is checked)</i> <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)	<input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	
Name of Creditor			Date Incurred
Street Address		City	State Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount Incurred <i>(Estimate or Actual)</i>
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum S Required unless "None of the below" is checked)</i> <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)	<input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	
Name of Creditor			Date Incurred
Street Address		City	State Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount Incurred <i>(Estimate or Actual)</i>
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum S Required unless "None of the below" is checked)</i> <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)	<input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	
SUBTOTAL Section S-This Page			
TOTAL of additional Section S Pages			
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID <i>(Enter total on Line 28, Column A of Summary Page Totals)</i>			
Previously reported Expenses Unpaid and still Outstanding			
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID <i>(Enter total on Line 28a, Column A of Summary Page Totals)</i>			

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>		TYPE OF REPORT	
T. Itemization of Reimbursements and Secondary Payees			
Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor, Person or Entity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant		Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City	State Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum T Required unless "None of the below" is checked)</i> <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor, Person or Entity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant		Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City	State Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum T Required unless "None of the below" is checked)</i> <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor, Person or Entity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant		Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City	State Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum T Required unless "None of the below" is checked)</i> <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
SUBTOTAL Section T — This Page			
TOTAL of additional Section T Pages			
TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS			